



City of Durham Parks and Recreation  
Summer Day Camp Application



Name of Child _____			
Last _____		First _____	M.I. _____
Address _____		City _____	Zip _____
Date of Birth _____		Age _____	Male _____ Female _____
Parent/Legal Guardian Name _____		Address _____	
City _____	Zip _____	Home Ph. _____	Work Phone _____
Where employed _____			
Parent/Legal Guardian Name _____		Address _____	
City _____	Zip _____	Home Ph. _____	Work Phone _____
Where employed _____			

Please give the names of the persons to whom your child may be released:

Name: _____	Relationship _____	Phone # _____
Name: _____	Relationship _____	Phone # _____

**Emergency Information:** If Parent/ Guardian cannot be reached, who should be contacted in the event of an emergency?

Name _____	Daytime# _____	Alternate# _____
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Do you have a court order/legal document restricting a person’s access to this child? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please list the name below and provide documentation of the order/document.**

Name _____	Relationship to child _____
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***I hereby authorize the Day Camp Director to authorize the physician of his/her choice to provide medical care for my child in the event that neither I nor the family physician can be contacted immediately. Initial \_\_\_\_\_***

Name of Child’s physician: _____	Office Phone # _____
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Preferred Hospital: _____
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Youth Program Participant Accident Insurance Coverage and Acknowledgement

By my signature below, I acknowledge that there is a risk of accidental injury from participation in this recreational activity. Enrollment in this recreational activity includes insurance coverage provided by the City of Durham in the amount of \$5,000.00 for medical expenses and dental expenses, \$10,000.00 for accidental dismemberment; and \$10,000 for accidental death. This insurance will pay after all other collectible insurance has been paid (i.e. applies on excess basis over \$100.00). There is only a one-year benefit period after the accident during which expenses are eligible for payment under this policy.

I agree that the City of Durham will have no liability, and I will not hold the City of Durham to be liable, for accidents or injuries occurring during this recreational activity, other than the City’s cost in providing this insurance policy.

Parent/Legal Guardian Signature _____
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***\*\*I understand there will be NO refunds of day camp fees unless the program or activity is cancelled by the City of Durham Parks and Recreation. \*\* Initial \_\_\_\_\_***

**Waiver and Release**

I hereby give \_\_\_\_\_ my permission to participate and be involved in the City of Durham Parks and Recreation’s Summer Day Camp program. By this authorization, I hereby approve of the program and accept the facilities, equipment and supervision as adequate and appropriate. I have the opportunity to inspect the premises and equipment and talk to the instructors prior to my child’s participation, or waive the right to do so. Further, I understand there are certain risks inherent in participation in all team and individual recreational activities which are beyond the control of the participant or the staff of the City of Durham’s Parks and Recreation. Immediately prior to any participation, I have the opportunity to inspect the facility or equipment and notify the instructor of any objection to the facility, equipment instructors or supervision and have the choice whether to have my child participate in said program or activity. I hereby release the City of Durham from any liability or negligence claims concerning the instructor or the supervision, facilities or equipment used in the program named above.

Signature of Parent or Legal Guardian _____	Date _____
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***Parental Consent for Field Trips or Leaving the Camp Premises***

I hereby give \_\_\_\_\_ my permission to attend field trips or leave the Day Camp premises for the purpose of attending a program (swimming, field activities, special events) with the City of Durham Parks and Recreation staff either by van, bus or on foot.

In addition, I understand that the City of Durham does NOT carry insurance coverage on its vehicles beyond the required liability amounts. Passengers on local trips do not have any accident or medical insurance coverage for injuries sustained while riding in Departmental vans or buses.

Parent/Legal Guardian signature _____	Date _____
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Additional Information About Your Child

Check items that apply, past or present, regarding your child’s health history.

- ☐Dietary Restrictions
- ☐Down Syndrome
- ☐Asberger’s Syndrome
- ☐ADHD
- ☐Diabetes
- ☐Heart Condition
- ☐Asthma
- ☐High Blood Pressure
- ☐Epilepsy/Seizures
- ☐Visual Impairment
- ☐Cerebral Palsy
- ☐Mental Illness
- ☐Hearing Impairment
- ☐Heat Stroke/Exhaustion
- ☐Allergies
- ☐Learning Disability
- ☐Mental Retardation
- ☐Spina Bifida

Please give detailed information for anything checked above (use additional pages if necessary):

What kind of task instruction/assistance does child need?

- ☐Independent (no additional prompts or instructions)
- ☐Prompts needed
- ☐One-On-One Support Required
- ☐Uses an assistive device- circle one(s)    wheelchair (manual/motorized)    walker    cane

What is child’s primary means of communication?

- ☐Speaks, understood by others
- ☐Speaks, difficult to understand
- ☐Sign language
- ☐Non-Verbal
- ☐Other

Please explain:

Are personal care services needed? (feeding, toileting, changing clothes)    ☐ Yes    ☐ No

If yes, please explain

Parent/guardians of children requiring intense personal care services such as tube feeding, catherization, and the like will need to secure someone to provide such services.

Check behaviors that are a concern.

- ☐Withdrawn/shy
- ☐Easily discouraged
- ☐Harms others/self
- ☐Bites
- ☐Short attention span
- ☐Manipulative
- ☐Runs away
- ☐Hyperactive
- ☐Other

Describe best ways to manage behavior(s)

How does child interact with others?

Please give us any information that may be helpful to your child’s camp experience:

Child’s Likes:

Child’s Dislikes:

Additional Comments/Remarks (please note any reinforcement systems, positive interventions, or schedules that the child is familiar with):

Will your child take medication during the hours of Summer Day Camp? \*\*    Yes ☐ No ☐

\*\*If yes, please complete a Medical Release form prior to the start of Summer Day Camp. \*\*

Will the medication be administered by staff? ☐ or self-administered? ☐

Please be aware: Only staff who are trained in medication administration may distribute prescription drugs which are required as ongoing treatment for a medical or behavioral issue. They may administer only when this medication form is completed and received prior to the beginning of the program and medication is subsequently authorized by the City Health Services Staff.